

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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# PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2006

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** Cozad Housing Authority

**PHA Number:** NE083

**PHA Fiscal Year Beginning:** 04/2006

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2005 - 2009**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- X The PHA's mission is: (state mission here)

The Mission of the Housing Authority of the City of Cozad is to provide decent, safe and sanitary housing that is affordable to very low, low and moderate income persons living in the community and the entire Dawson County area.

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- ☐ PHA Goal: Expand the supply of assisted housing  
Objectives:
- ☐ Apply for additional rental vouchers:
  - ☐ Reduce public housing vacancies:
  - ☐ Leverage private or other public funds to create additional housing opportunities:
  - ☐ Acquire or build units or developments
  - ☐ Other (list below)
- X PHA Goal: Improve the quality of assisted housing  
Objectives:
- X Improve public housing management: (PHAS score) High Performer
  - X Improve voucher management: (SEMAP score) Standard/High Performer
  - X Increase customer satisfaction:

- X Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections) Improve  
Public Housing financial status as well as financial status of all properties  
under ownership/management; Improve staff processing for Voucher  
Leaseup
- ☐ Renovate or modernize public housing units:
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)
- X PHA Goal: Increase assisted housing choices
- Objectives:
- ☐ Provide voucher mobility counseling:
- X Conduct outreach efforts to potential voucher landlords
- ☐ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- X Other: (list below)
- Develop an education meeting for informing Landlords of Voucher  
Program responsibilities, etc.

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- X PHA Goal: Provide an improved living environment
- Objectives:
- ☐ Implement measures to deconcentrate poverty by bringing higher income  
public housing households into lower income developments:
- ☐ Implement measures to promote income mixing in public housing by  
assuring access for lower income families into higher income  
developments:
- ☐ Implement public housing security improvements:
- ☐ Designate developments or buildings for particular resident groups  
(elderly, persons with disabilities)
- X Other: (list below)
- Work with Cozad Housing Development Corporation on Community wide  
Survey, reviewing results of survey and determining future needs for  
housing in Cozad.

**HUD Strategic Goal: Promote self-sufficiency and asset development of families  
and individuals**

X PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☐ Increase the number and percentage of employed persons in assisted families:
- X Provide or attract supportive services to improve assistance recipients' employability:
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- ☐ PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - ☐ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - ☐ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - ☐ Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2006**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

X      **Standard Plan**

**Streamlined Plan:**

- ☐      **High Performing PHA**  
☐      **Small Agency (<250 Public Housing Units)**  
☐      **Administering Section 8 Only**

X      **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

**The Cozad Housing Authority intends to continue managing existing Public Housing and Section 8 Housing Choice Voucher Programs in as efficient and effective manner as possible with the funding available to them. Providing affordable and decent housing to lower income persons and families is our main goal. Cozad Housing Authority intends to strive to qualify as a “High Performer” rating for Public Housing and no less than a Standard Performer for Public Housing and at a minimum a “Standard Performer” for the Section 8 Housing Choice Voucher Program.**

**The Cozad Housing Authority believes the policies and staffing in place will allow for the continuance of quality and effective programs that enhance the community of Cozad.**

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

#### Required Attachments:

- |   |   |                     |
|---|---|---------------------|
| X | Admissions Policy for Deconcentration   | <b>Attachment A</b> |
| X | FY 2006 Capital Fund Program Annual Statement   | <b>Attachment B</b> |
| X | Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) | <b>Attachment H</b> |

#### Optional Attachments:

- |                          |   |                     |
|--------------------------|---|---------------------|
| X                        | PHA Management Organizational Chart   | <b>Attachment L</b> |
| X                        | FY 2005 Capital Fund Program 5 Year Action Plan   | <b>Attachment C</b> |
| <input type="checkbox"/> | Public Housing Drug Elimination Program (PHDEP) Plan  |                     |
| <input type="checkbox"/> | Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) |                     |
| X                        | Other (List below, providing each attachment name)  |                     |
|                          | <b>Rules for Pets</b>   | <b>Attachment K</b> |
|                          | <b>Statement of Performance</b>   | <b>Attachment I</b> |
|                          | <b>UIV Statement</b>  | <b>Attachment J</b> |
|                          | <b>Capital Funds 2004-05</b>  | <b>Attachment D</b> |
|                          | <b>Capital Funds 2005-06</b>  | <b>Attachment E</b> |
|                          | <b>Capital Funds 2002-03</b>  | <b>Attachment F</b> |
|                          | <b>Capital Funds 2003-04</b>  | <b>Attachment G</b> |

## Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
XX	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
XX	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
XX	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
XX	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
XX	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Public housing rent determination policies, including the methodology for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
XX	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
XX	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
XX	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
XX	Public housing grievance procedures x check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
XX	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
XX	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
XX	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
XX	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
XX	The most recent fiscal year audit of the PHA conducted	Annual Plan: Annual Audit

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
Income <= 30% of AMI	371	5	3	NA	NA	4	NA
Income >30% but <=50% of AMI	636	5	4	NA	NA	4	NA
Income >50% but <80% of AMI	275	4	2	NA	NA	3	NA
Elderly	224	5	3	NA	NA	3	NA
Families with Disabilities	NA	NA	NA	NA	NA	NA	NA
Race/Ethnicity Black	23	5	NA	NA	NA	NA	NA
Race/Ethnicity American Indian	33	5	NA	NA	NA	2	NA
Race/Ethnicity Asian	8	5	NA	NA	NA	2	NA
Race/Ethnicity Hispanic	992	5	NA	NA	NA	5	NA

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s  
Indicate year: 2005-2009
- ☐ U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- ☐ American Housing Survey data  
Indicate year:
- ☐ Other housing market study  
Indicate year:
- ☐ Other sources: (list and indicate year of information)

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input checked="" type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	30		26
Extremely low income <=30% AMI	18	60%	
Very low income (>30% but <=50% AMI)	9	30%	
Low income (>50% but <80%	3	10%	

Housing Needs of Families on the Waiting List			
AMI)			
Families with children	20	67%	
Elderly families	10	33%	
Families with Disabilities	0	0	
Race/ethnicity	0	0	
Race/ethnicity	0	0	
Race/ethnicity	0	0	
Race/ethnicity	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	8	80%	
2 BR	2	20%	
3 BR	NA		
4 BR	NA		
5 BR	NA		
5+ BR	NA		
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- X Employ effective maintenance and management policies to minimize the number of public housing units off-line
- X Reduce turnover time for vacated public housing units
- ☐ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- X Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- X Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- X Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- ☐ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☐ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- X Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- X Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☐ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☐ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- X Funding constraints
- X Staffing constraints
- X Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- ☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☐ Influence of the housing market on PHA programs
- ☐ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>		
a) Public Housing Operating Fund	24,844	
b) Public Housing Capital Fund	43,277	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	180,308	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	114,730	
<b>4. Other income (list below)</b>		
Investments	1,030	
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	364,188	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]



## **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

### **(1) Eligibility**

- a. When does the PHA verify eligibility for admission to public housing? (select all that apply)
- X      When families are within a certain number of being offered a unit: (top 2-3 names on list)
- X      When families are within a certain time of being offered a unit: (state time)
- ☐      Other: (describe)
- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- X      Criminal or Drug-related activity
- X      Rental history
- X      Housekeeping
- ☐      Other (describe)
- c. X Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. X Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. X Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

### **(2)Waiting List Organization**

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
- X      Community-wide list
- ☐      Sub-jurisdictional lists
- ☐      Site-based waiting lists
- ☐      Other (describe)
- b. Where may interested persons apply for admission to public housing?
- X      PHA main administrative office
- ☐      PHA development site management office
- ☐      Other (list below)
- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?  
NOT APPLICABLE
2. ☐ Yes X No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3. X Yes ☐ No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?  
X PHA main administrative office  
☐ All PHA development management offices  
☐ Management offices at developments with site-based waiting lists  
☐ At the development to which they would like to apply  
☐ Other (list below)

### **(3) Assignment**

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)  
☐ One  
☐ Two  
X Three or More
- b. X Yes ☐ No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

- a. Income targeting:  
X Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
- ☒ Overhoused
- ☒ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either

through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

#### Date and Time

#### Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

#### Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

#### 4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- X Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

### **(5) Occupancy**

#### a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- X The PHA-resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- X Other source (list)
  - a. Resident Handbook
  - b. Maintenance Charges Listing

#### b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- X At an annual reexamination and lease renewal
- X Any time family composition changes
- X At family request for revision
- ☐ Other (list)

**(6) Deconcentration and Income Mixing**

- a. ☐ Yes X No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?
- b. ☐ Yes X No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?
- c. If the answer to b was yes, what changes were adopted? (select all that apply)
- ☐ Adoption of site based waiting lists  
If selected, list targeted developments below:
  - ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
  - ☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
  - ☐ Other (list policies and developments targeted below)
- d. ☐ Yes X No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
- ☐ Additional affirmative marketing
  - ☐ Actions to improve the marketability of certain developments
  - ☐ Adoption or adjustment of ceiling rents for certain developments

- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- X Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- X Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

### (1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- X Criminal or drug-related activity only to the extent required by law or regulation
- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- X More general screening than criminal and drug-related activity (list factors below) A. Landlord Reference
- B. Housekeeping
- ☐ Other (list below)

b. X Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. X Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. X Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- X Criminal or drug-related activity  
☐ Other (describe below)

## **(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- X None  
☐ Federal public housing  
☐ Federal moderate rehabilitation  
☐ Federal project-based certificate program  
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- X PHA main administrative office  
☐ Other (list below)

## **(3) Search Time**

a. X Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

## **(4) Admissions Preferences**

a. Income targeting

X Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☐ Yes X No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

**Date and Time of Application Only used.**

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

**1 Date and Time**

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families



- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- X Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one) NOT APPLICABLE

- ☐ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one) NOT APPLICABLE

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- X The Section 8 Administrative Plan
- X Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- X Through published notices
- ☐ Other (list below)

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

##### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

##### **(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

X      The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

☐      The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

☐      \$0  
☐      \$1-\$25  
X      \$26-\$50

2. ☐ Yes X No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes X No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply) None

☐ For the earned income of a previously unemployed household member

☐ For increases in earned income

☐ Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

☐ Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

☐ For household heads

☐ For other family members

☐ For transportation expenses

☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families

☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

☐ Yes for all developments

☐ Yes but only for some developments

X No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

Not Applicable

☐ For all developments

☐ For all general occupancy developments (not elderly or disabled or elderly only)

☐ For specified general occupancy developments

☐ For certain parts of developments; e.g., the high-rise portion

☐ For certain size units; e.g., larger bedroom sizes

☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply) Not Applicable

☐ Market comparability study

☐ Fair market rents (FMR)

- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)
  - ☐ Never
  - X At family option
  - X Any time the family experiences an income increase
  - ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
  - ☐ Other (list below)

- g. ☐ Yes X No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
  - X The section 8 rent reasonableness study of comparable housing
  - X Survey of rents listed in local newspaper
  - ☐ Survey of similar unassisted units in the neighborhood
  - ☐ Other (list/describe below)

**B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☒ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☒ Other (list below)
  - a. Funding availability for serving families
  - b. Adequacy of Administrative Fees
  - c. Ability of participants to lease-up

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☐ \$1-\$25  
☒ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached. **Attachment L**
- ☐ A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	40	9
Section 8 Vouchers	59	24
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		

Other Federal Programs(list individually)		
FmHA/HUD Assistance	30	2
202 Frail Elderly	10	1
USDA Property	24	10

### **C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
  - a. Preventative/Planned Maintenance Manual and Schedule
  - b. Disaster Plan including terrorist threats, hazardous materials, fire, etc.
  - c. Unit Paint Policy
  - d. Maintenance Charges Listing
  - e. Resident Handbook
  - f. Transfer Policy

- (2) Section 8 Management: (list below)
  - a. Housekeeping Video
  - b. Briefing Packet: includes—landlord listing, units available from local paper, city codes, how to look for units, etc.

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

### **A. Public Housing**

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- X      PHA main administrative office  
☐      PHA development management offices  
☐      Other (list below)

### **B. Section 8 Tenant-Based Assistance**

1. ☐ Yes X No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- X      PHA main administrative office  
☐      Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:



X The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at **Attachment B**

-or-

☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

## **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. X Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

## **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

☐ Yes X No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

☐ Revitalization Plan under development

- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes X No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below:

☐ Yes X No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:

☐ Yes X No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

☐ Yes X No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/>

Submitted, pending approval <input type="checkbox"/>
Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one)
<input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development
7. Timeline for activity:
a. Actual or projected start date of activity:
b. Projected end date of activity:

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes X No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes X No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Designation type:
Occupancy by only the elderly <input type="checkbox"/>

Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ☐ Yes X No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)
2. Activity Description  
☐ Yes X No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway

<input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: ) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved

HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☒ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**B. Section 8 Tenant Based Assistance**

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy

and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants  
☐ 26 - 50 participants  
☐ 51 to 100 participants  
☐ more than 100 participants

b. PHA-established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

X Yes ☐ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? **04/2000**

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- X Client referrals  
X Information sharing regarding mutual clients (for rent determinations and otherwise)

- X Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes X No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or



		selection/specific criteria/other)		both)

## **(2) Family Self Sufficiency program/s**

### **a. Participation Description**

<b>Family Self Sufficiency (FSS) Participation</b>		
<b>Program</b>	<b>Required Number of Participants (start of FY 2005 Estimate)</b>	<b>Actual Number of Participants (As of: DD/MM/YY)</b>
Public Housing		
Section 8		

- b. ☐ Yes ☒ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

NOT APPLICABLE TO OUR PROGRAM

## **C. Welfare Benefit Reductions**

- The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
  - X Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - ☐ Informing residents of new policy on admission and reexamination
  - ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
  - X Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies

☐ Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

**STATEMENT OF COMMUNITY SERVICE POLICY**

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight (8) hours per month of Community Service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic and self-sufficiency program unless they are exempt from this requirement.

**Exemptions:**

- a. Family members who are 62 or older.
- b. Family members who are blind or disabled.
- c. Family members who are the primary care giver for someone who is blind or disabled.
- d. Family members engaged in work activity.
- e. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program.
- f. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with the program.

The Cozad Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Cozad Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Cozad Housing Authority will verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after 10/1/99. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

NOT APPLICABLE

**A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents

(select all that apply)

- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☐ Resident reports
- ☐ PHA employee reports
- ☐ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake:

(select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

### **C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☐ Police provide crime data to housing authority staff for analysis and action
- X ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☐ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

### **D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- ☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**See Attachment K**

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD? **Not Applicable**  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☒ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - ☒ Not applicable
  - ☐ Private management
  - ☐ Development-based accounting
  - ☐ Comprehensive stock assessment
  - ☐ Other: (list below)
3. ☐ Yes ☒ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

☐ Attached at Attachment (File name)

☐ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

☐ Considered comments, but determined that no changes to the PHA Plan were necessary.

☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:

☐ Other: (list below)

### **B. Description of Election process for Residents on the PHA Board**

1. ☐ Yes X No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes X No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

### **3. Description of Resident Election Process**

a. Nomination of candidates for place on the ballot: (select all that apply)

☐ Candidates were nominated by resident and assisted family organizations

☐ Candidates could be nominated by any adult recipient of PHA assistance

X Self-nomination: Candidates registered with the PHA and requested a place on ballot

☐ Other: (describe)

b. Eligible candidates: (select one)

☐ Any recipient of PHA assistance

☐ Any head of household receiving PHA assistance

X Any adult recipient of PHA assistance

☐ Any adult member of a resident or assisted family organization

☐ Other (list)

c. Eligible voters: (select all that apply)

☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)

☐ Representatives of all PHA resident and assisted family organizations

X Other (list)

**Mayor appointment after names submitted as recommendations.**

**C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

**State of Nebraska**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

Preservation or Maintenance of Existing Affordable Units for Affordable Housing.

**D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

## **Attachments**

### **ATTACHMENT A**

#### **Deconcentration**

##### **Deconcentration and Income Mixing:**

**a. ☐ Yes ☒ No: Does the PHA have any general occupancy (Family) public housing developments covered by the deconcentration rule? If no, this section is complete.**

**If yes, continue to next question.**

**b. ☐ Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.**

**(We are not including the table for Deconcentration Policy since we have no development meeting the criteria).**

Use this section to provide any additional attachments referenced in the Plans.



**PHA Plan  
Table Library  
ATTACHMENT B**

**Component 7  
Capital Fund Program Annual Statement  
Parts I, II, and II**

**Annual Statement  
Capital Fund Program (CFP) Part I: Summary**

Capital Fund Grant Number 06 FFY of Grant Approval: 10/2006

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	1,000
3	1408 Management Improvements	3,000
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	1,277.00
10	1460 Dwelling Structures	4,000.00
11	1465.1 Dwelling Equipment-Nonexpendable	19,000.00
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	5,000.00
14	1485 Demolition	
15	1490 Replacement Reserve	10,000.00
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>43,277.00</b>
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement**  
**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HA WIDE NE0083	Operations: Funds to help pay for Property Insurance	1406	1,000
	Management Improvements: Funds to assist in Staff training, materials, update computer software and support	1408	3,000
	Site Improvement: Repair of Sidewalk, landscaping, tree trimming, etc.	1450	1,277.00
	Dwelling Structure: Install attic fans for cooling efficiency, additional Security lighting, etc.	1460	4,000
	Dwelling Equipment-Nonexpendable: Replacement of vinyl and carpet; replace shower liners;	1465.1	19,000
	NonDwelling Equipment: Replace computer hardware, color printer; small maintenance tools—paint sprayer, etc.	1475	5,000
	Replacement Reserve: Build reserve for roof replacement	1490	10,000

**Annual Statement****Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
NE083		
1406	09/30/2007	09/30/2008
1408	09/30/2007	09/30/2008
1450	09/30/2007	09/30/2008
1460	09/30/2007	09/30/2008
1465.1	09/30/2007	09/30/2008
1475	09/30/2007	09/30/2008
1490	09/30/2007	09/30/2008



## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **ATTACHMENT C**

#### **Optional Table for 5-Year Action Plan for Capital Fund (Component 7)**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
NE083001	HA WIDE		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>1405: Operations: To assist with costs of property insurance</b>		1,000	2006-2007
		1,000	2007-2008
		1,000	2008-2009
		1,000	2009-2010
<b>1408: Management Improvements: Computer hardware/software upgrades, staff training</b>		4,000	2006-2007
		4,000	2007-2008
		4,000	2008-2009
		4,000	2009-2010
<b>1450: Site Improvement: Landscape, replacement of exterior lighting</b>		3,000	2006-2007
		3,000	2007-2008
		3,000	2008-2009
		3,000	2009-2010
<b>1460: Dwelling Structures: Replacement of unit storm doors, upgrade GFI's, heat/AC units</b>		6,000	2006-2007
		6,000	2007-2008
		6,000	2008-2009
		6,000	2009-2010
<b>1465.1: Dwelling Equipment-NonExpendable: Replacement of carpet/vinyl,</b>		11,000	2006-2007

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

replacement of showers, replacement of bathroom sinks	11,000	2007-2008
	11,000	2008-2009
	11,000	2009-2010
1475: NonDwelling Equipment: Replacement of small shop tools[drill, small shop vac, etc), Replacement of Community Room Furniture	2370	2006-2007
	2370	2007-2008
	2370	2008-2009
	2370	2009-2010
1490: Replacement Reserve: Roof Replacement	8,000	2006-2007
	8,000	2007-2008
	8,000	2008-2009
	8,000	2009-2010
Total estimated cost over next 5 years	181,480	

NOT APPLICABLE

### **Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

#### **Public Housing Asset Management**

<b>Development Identification</b>		<b>Activity Description</b>						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement**  
**Housing Factor**


## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **Attachment D**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Cozad Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P0835014 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004-2005
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	4,300	5500	0	0
4	1410 Administration	1,200	0	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	4,000		2932.70	2932.70
12	1470 Nondwelling Structures	7,000		0	0
13	1475 Nondwelling Equipment	18,870		11,394.00	11,394.00
14	1485 Demolition				
15	1490 Replacement Reserve	10,000		10,000.00	10,1000.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	45,370		24,326.70	24,326.70
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				



## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Cozad Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P0835014 Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2004-2005</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Cozad Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P0835014 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004-2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE083	Computer Upgrades, Software upgrades, Housing Study, \$3,000	1408		4,300				In Progress
HA WIDE	Staff Training	1410		1,200				In Progress
	Install Ceiling Fans in all Apartment Units, Vertical Blinds, Attic Fans, Carpet/Vinyl	1465.1		4,000		2932.70	2932.70	In Progress

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P0835014 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2004-2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace Carpeting in Community Room/Hallway, \$4,000; Replace Vinyl in Restrooms, and entry, \$1,000; Decorate (wallpaper, borders, paint) for Public Appeal, \$2,000	1470		7,000				In Progress
	Replace Riding Lawn Mower, \$12,589; Snow Blower, \$1500; Sprinkler Head Replacements, \$1,000; Replace Copy Machine, \$3781	1475		18,870		11,394.00	11,394.00	In Progress
	Replacement Reserve for Roof	1490		10,000		10,000	10,000	Completed

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P0835014 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2004-2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program No: NE26P08350104 Replacement Housing Factor No:			<b>Federal FY of Grant:</b> 2004-2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE083001							
Management Improvements	9/30/2004			9/30/2005			
Dwelling Structures	9/30/2004			9/30/2005			
NonDwelling Structures	9/30/2004			9/30/2005			

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part III: Implementation Schedule**

PHA Name: Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program No: NE26P08350104 Replacement Housing Factor No:			<b>Federal FY of Grant:</b> 2004-2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Non Dwelling Equipment	9/30/2004			9/30/2005			
Replacement Reserve	9/30/2004			9/30/2005		11/24/2004	

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **ATTACHMENT E**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P0835015 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2005-2006
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	1000		0	0
3	1408 Management Improvements	2500		0	0
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	2589		0	0
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	4,000		0	0
12	1470 Nondwelling Structures	2400		0	0
13	1475 Nondwelling Equipment	20,788		0	0
14	1485 Demolition				
15	1490 Replacement Reserve	10,000		10,000.00	0
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	43,277		10,000	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P0835015 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>2005-2006</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P0835015 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2005-2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE083	Operations	1406		1,000				In Progress
HA WIDE	Management Improvements: Computer and Software Upgrades, Training	1408		2,500				In Progress
	Site Improvement: Sidewalk Repair, Tree Removal/Replacement/Landscape, Gazebo	1450		2,589		2932.70	2932.70	In Progress

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P0835015 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2005-2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Dwelling Equipment: Replace carpet/vinyl, e-bolt lock system	1465.1		4,000				In Progress
	NonDwelling Structures: Replacement of Carpet; Decorate for Public Appeal	1470		2,400		11,394.00	11,394.00	In Progress
	NonDwelling Equipment: Replace/Trade in Pickup; Replace small snow blower; purchase blade	1475		20,788		10,000	10,000	Completed
	Replacement Reserve: Roof Replacement Reserve	1490		10,000				

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **Annual Statement/Performance and Evaluation Report**

### **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

### **Part III: Implementation Schedule**

PHA Name: Cozad Housing Authority			Grant Type and Number Capital Fund Program No: NE26P08350105 Replacement Housing Factor No:			Federal FY of Grant: 2005-2006	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE083001							
Operations	9/30/2006			9/30/2007			
Management Improvements	9/30/2006			9/30/2007			
Site Improvements	9/30/2006			9/30/2007			
Dwelling Equipment	9/30/2006			9/30/2007			
NonDwelling Structures	9/30/2006			9/30/2007		11/24/2004	
NonDwelling Equipment	9/30/2006			9/30/2007			
Replacement Reserve	09/30/2006			9/30/2007			



## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

### ATTACHMENT F

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Cozad Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P08350102 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002-2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending:           X Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	35,939	25,408.40	25,408.40	25,408.40
3	1408 Management Improvements	4,000	4,000	4,000	4,000
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		10,530.60	10,530.60	10,530.60
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	10,000	10,000	10,000	10,000
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	49,939	49,939		49,939
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Cozad Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P08350102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2002-2003</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input checked="" type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
26	Amount of line 21 Related to Energy Conservation Measures				

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

[illegible]

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program No: NE26P08350102 Replacement Housing Factor No:				<b>Federal FY of Grant:</b> <b>2002-2003</b>
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE083001							
HA WIDE							
Operations	9/30/02	9/30/03		9/30/03	10/30/03	11/223/2004	Revised Budget due to repayment of Capital Funds
Management Improvements	9/30/02			9/30/03		9/30/03	
Replacement Reserve	9/30/02			9/30/03		9/30/03	
Site Improvement		9/30/03		5/31/04		11/02/2004	Revised Budget due to repayment of Capital Funds

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>ATTACHMENT G</b>		<b>Grant Type and Number</b>		<b>Federal FY of Grant:</b>	
Cozad Housing Authority		Capital Fund Program Grant No: NE26P08350103 Replacement Housing Factor Grant No:		2003-2004	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	2,000	2005.48	1966.45	1966.45
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	7,150	7993.79	7993.79	7993.79
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	15,639		5168.55	5168.55
12	1470 Nondwelling Structures	2,100		1250.73	1250.73
13	1475 Nondwelling Equipment	4,200		4298.86	4298.86
14	1485 Demolition				
15	1490 Replacement Reserve	10,000		10,000	10,000
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	41,089		30,948.38	30,948.38
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>ATTACHMENT G</b>		<b>Grant Type and Number</b>		<b>Federal FY of Grant:</b>	
Cozad Housing Authority		Capital Fund Program Grant No: NE26P08350103 Replacement Housing Factor Grant No:		2003-2004	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Cozad Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE08350103 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2003-2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE083	Management Improvements: Computer and Software upgrades, Staff Training	1408		2,000	2005.48	1966.45	1966.45	Complete
HA WIDE								
	Site Improvement: Sidewalk Repair; Add Sidewalk and Off Street Parking;	1450		7,150	7993.79	7993.79	7993.79	Complete

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE08350103 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003-2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Dwelling Equipment-NonExpendable: e-bolt lock system, Vertical Blinds, Attic Fans	1465.1		15,639		15,639	5168.55	In Progress
	Non Dwelling Structures: Garbage Room Door Replacement, Shop Auto Door Opener	1470		2,100	1250.73	1250.73	1250.73	Complete
	NonDwelling Equipment: Commercial Carpet Cleaner, Blower Vac, small shop vac, Push mower, Commercial Vacuum Cleaner	1475		4,200		4298.86	4298.86	Complete
	Replacement Reserve (Roof Replacement)	1490		10,000		10,000	10,000	Complete

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE08350103 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003-2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Cozad Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: NE26P08350103 Replacement Housing Factor No:				<b>Federal FY of Grant:</b> 2003-2004	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE083001							



## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program No: NE26P08350103 Replacement Housing Factor No:				<b>Federal FY of Grant:</b> 2003-2004
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA WIDE							
Management Improvements	9/30/2003			9/30/2004	9/30/2005		
Replacement Reserve	9/30/2003			9/30/2004		8/12/2004	
Site Improvements	9/30/2003			9/30/2004	11/30/2004	11/02/2004	
NonDwelling Equipment	9/30/2003		9/30/03	9/30/2004		6-30-2004	
			9/30/03				
Non Dwelling Structures	9/30/2003			9/30/2004		5-30-2004	
Dwelling Equipment-Non Expendable	9/30/2003			9/30/2004	9/30/2005		Contract Signed

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

ATTACHMENT G		Grant Type and Number Capital Fund Program Grant No: NE26P08350103 <b>ADD ON FUNDS</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2003-2004</b>	
Cozad Housing Authority					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	8189		8189	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	8189		8189	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>ATTACHMENT G</b>		<b>Grant Type and Number</b>		<b>Federal FY of Grant:</b>	
Cozad Housing Authority		Capital Fund Program Grant No: NE26P08350103 <b>ADD ON FUNDS</b>		2003-2004	
		Replacement Housing Factor Grant No:			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

### **Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages**

PHA Name: Cozad Housing Authority		<b>Grant Type and Number</b>			<b>Federal FY of Grant:</b>			
		Capital Fund Program Grant No: NE08350103 <b>ADD ON FUND</b>			2003-2004			
		Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE083								
HA WIDE								

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Cozad Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE08350103 <b>ADD ON FUND</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003-2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Dwelling Equipment-NonExpendable: e-bolt lock system,	1465.1		8189		8189		Contract Signed

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>			
PHA Name: Cozad Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: NE26P08350103 Replacement Housing Factor No:	<b>Federal FY of Grant:</b> 2003-2004

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE083001							
HA WIDE							
Dwelling Equipment	9/30/2005			9/30/2005			

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**ATTACHMENT H**

**OPERATING BUDGET**

**(HARD COPY MAILED TO FIELD OFFICE)**

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **ATTACHMENT I**

#### **ANNUAL STATEMENT/PERFORMANCE and EVALUATION REPORT on REPLACEMENT RESERVE**

##### **Part 1: Summary**

**HA NAME:**

**Cozad Housing Authority [X] Performance and Evaluation for Program Year  
Ending 2006**

Section 1: Replacement Reserve Status Must be Completed each Year there is a balance in Replacement Reserve.

	<u>Estimated</u>	<u>Actual</u>
<u>1. Replacement Reserve Interest Earned</u> (account 6200/1420.7: equals line 17 of section 2 below)	750	817.24
<u>2. Replace Reserve Withdrawal (equals line 16 of section 2 below)</u>	0	0
<u>3. Net impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2 below)</u>	750	817.24
<u>4. Current FFY Funding for Replacement Reserve (line 15 of form HUD 52837)</u>	10,000	10,000.00
<u>5. Replacement Reserve Balance at End of Previous Program Year (account 2830)</u>	44,100	44,100.00
<u>6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + [or -] Line 3 (account 2830))</u>	54,850	54,917.24

Section 2: Replacement Reserve Withdrawal Report (Complete this section if there is withdrawal/expenditure activity.

**There is/was no activity to Report for this Section – Therefore Information is not included in this Agency Plan**

**Patricia L. Hosick, SPHM**

**Date: 12/1/2005**

**Executive Director**

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **ATTACHMENT J**

The Cozad Housing Authority certifies that amendments have been made and approved by the  
Board of Commissioners to both the  
ACOP (Admissions and Continued Occupancy Policy for Public Housing and  
The Section 8 Administrative Policy regarding the UIV (Upfront Income  
Verification Process)

Patricia L. Hosick, Executive Director

12-6-2005



## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **ATTACHMENT K**

#### **HOUSING AUTHORITY OF THE CITY OF COZAD RULES FOR PETS**

The following rules are established to govern the keeping of pets in and on properties owned and operated by the Housing Authority of the City of Cozad.

All pets must be registered with the Housing Authority. Tenants must receive a written permit to keep any animal on or about the premises. This privilege may be revoked at any time subject to the Housing Authority grievance procedure if the animal becomes destructive, a nuisance or safety hazard to other tenants, or if the tenant/owner fails to comply with the following:

1. A maximum number of two pets are allowed. Only one may be a dog, a cat, bird, or a fish aquarium. Dog and cat weight must be less than 35-45 pounds (adult size). \*Exception can be made at the discretion of the Executive Director.
  - a. One bird cage allowed per unit, and/or
  - b. One fish aquarium (limited to a 10 gallon aquarium)  
Per unit.
2. Permitted pets are domesticated dogs and cats, birds, and fish aquariums.
3. Dogs and cats must be licensed each year with the City of Cozad (City Clerk Office). Tenants must also show proof of distemper and rabies booster shots each year and a copy or license brought to Housing Authority office. Cats must be vaccinated yearly for distemper.
4. All cats and dogs must be spayed or neutered. If such animals are not spayed and have offspring, tenant is in violation of this rule, and is subject to removal of the pet.
5. No pet may be kept in violation of state humane or health laws, or local city ordinance.

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

6. Dogs and cats shall remain inside a tenants unit unless they are on a leash and directly controlled by an adult. Birds must be confined to a cage at all times.
7. Residents are to provide litter boxes for cat waste which are to be kept in the unit. Tenant is not allowed to let waste accumulate. Residents are responsible for properly disposing of the cat waste.
8. Tenants are responsible for promptly cleaning up pet droppings, if any, outside of the unit on Housing Authority property, and properly disposing of said droppings.
9. Residents should use the walking area provided which is North of the Cozad Grand Generation Center on the empty lot for their pets. Any repair to Housing Authority lawns/grass due to failure to comply, may be at the residents expense. After documented non-compliance, tenants will be billed for costs of replacement or repair.
10. Tenant shall take adequate precautions to eliminate any pet odors in or around unit and maintain unit in a sanitary condition at all times.
11. Tenant shall not permit any disturbance by their pet which would interfere with the peaceful enjoyment of other tenants; whether by loud barking, howling, biting, scratching, chirping, or other such activities. No vicious or intimidating dogs will be allowed.
12. If pets are left unattended for twenty-four (24) hours or more, the Housing Authority may enter the unit, remove the pet and transfer pet to the proper authorities, subject to local city ordinances. The Housing Authority accepts NO RESPONSIBILITY for the pet under such circumstances.
13. Tenants shall not alter their unit, patio or unit area to create an enclosure for an animal.
14. Tenant is responsible for all damages including cost of fumigation caused by their pets.
15. Tenants are required to pay Damage Deposit for Pets in the amount of \$200.00 for a dog or cat; for fish or bird - no deposit required. This deposit is refundable if no damage is done, as verified by the Housing Authority, after tenant moves out of the apartment.
  - A. Damage Deposit not required for tenant assist or Service Animals.

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

16. Tenants who violate these rules are subject to:

- A. being required to remove the pet within 14 days of notice by the Housing Authority,  
and/or,
- B. eviction.

17. Tenants must identify alternate custodian for pet in the event of tenant illness or other absence from unit.

### **Non-Household Animals or Community Pets:**

The regular distribution of bread crumbs, corn or other food, etc. to otherwise non-household animals or pets (Pets not registered with the Management Office) or any wild or stray animal such as squirrels, rabbits, stray cats or dogs, etc. is **Prohibited**.

Residents who violate this practice will be given two verbal (or written) warnings/reminders, which will also be documented in their individual tenant files by Management.

The **Third and any future** Warning/Reminder/Reprimand will be in writing with a Notice of Lease Violation and Fine of **\$10.00 each** to be paid at the next month's rent cycle at the Management Office.

Amended  
10/2003

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **PET OWNERSHIP**

#### **Tenant Certification**

**NO**\_\_\_\_\_ I do not have a pet, but have read and understand the above pet policy, in the event that I do obtain a pet.

**YES**\_\_\_\_\_ I do have a pet, and have read and understand the above regulations regarding pets and agree to conform to them.

Tenant Signature\_\_\_\_\_ Date\_\_\_\_\_

Project\_\_\_\_\_ Apartment Number\_\_\_\_\_

Executive Director\_\_\_\_\_ Date\_\_\_\_\_

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**ATTACHMENT K**  
**ORGANIZATION CHART**

